

Revision: HCFA-AT-81-34 (BPP)

10-81

State _____

Citation4.21 Prohibition Against Reassignment of
Provider Claims

42 CFR 447.10(c)

AT-78-90

46 FR 42699

Payment for Medicaid services
furnished by any provider under this
plan is made only in accordance with
the requirements of 42 CFR 447.10.

TN # 81-20

Supersedes

TN # 78-8

Approval Date 11/30/81Effective Date 12/1/81